

109TH CONGRESS
1ST SESSION

S. 898

To amend the Public Health Service Act to authorize a demonstration grant program to provide patient navigator services to reduce barriers and improve health care outcomes, and for other purposes.

IN THE SENATE OF THE UNITED STATES

APRIL 25, 2005

Mrs. HUTCHISON (for herself, Mr. BINGAMAN, Mr. BROWNBACK, Mr. KENNEDY, and Mr. COCHRAN) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to authorize a demonstration grant program to provide patient navigator services to reduce barriers and improve health care outcomes, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Patient Navigator Out-
5 reach and Chronic Disease Prevention Act of 2005”.

1 **SEC. 2. PATIENT NAVIGATOR GRANTS.**

2 Subpart V of part D of title III of the Public Health
3 Service Act (42 U.S.C. 256) is amended by adding at the
4 end the following:

5 **“SEC. 340A. PATIENT NAVIGATOR GRANTS.**

6 “(a) GRANTS.—The Secretary, acting through the
7 Administrator of the Health Resources and Services Ad-
8 ministration, may make grants to eligible entities for the
9 development and operation of demonstration programs to
10 provide patient navigator services to improve health care
11 outcomes. The Secretary shall coordinate with, and ensure
12 the participation of, the Indian Health Service, the Na-
13 tional Cancer Institute, the Office of Rural Health Policy,
14 and such other offices and agencies as deemed appropriate
15 by the Secretary, regarding the design and evaluation of
16 the demonstration programs.

17 “(b) USE OF FUNDS.—The Secretary shall require
18 each recipient of a grant under this section to use the
19 grant to recruit, assign, train, and employ patient naviga-
20 tors who have direct knowledge of the communities they
21 serve to facilitate the care of individuals, including by per-
22 forming each of the following duties:

23 “(1) Acting as contacts, including by assisting
24 in the coordination of health care services and pro-
25 vider referrals, for individuals who are seeking pre-
26 vention or early detection services for, or who fol-

1 lowing a screening or early detection service are
2 found to have a symptom, abnormal finding, or diag-
3 nosis of, cancer or other chronic disease.

4 “(2) Facilitating the involvement of community
5 organizations in assisting individuals who are at risk
6 for or who have cancer or other chronic diseases to
7 receive better access to high-quality health care serv-
8 ices (such as by creating partnerships with patient
9 advocacy groups, charities, health care centers, com-
10 munity hospice centers, other health care providers,
11 or other organizations in the targeted community).

12 “(3) Notifying individuals of clinical trials and,
13 on request, facilitating enrollment of eligible individ-
14 uals in these trials.

15 “(4) Anticipating, identifying, and helping pa-
16 tients to overcome barriers within the health care
17 system to ensure prompt diagnostic and treatment
18 resolution of an abnormal finding of cancer or other
19 chronic disease.

20 “(5) Coordinating with the relevant health in-
21 surance ombudsman programs to provide informa-
22 tion to individuals who are at risk for or who have
23 cancer or other chronic diseases about health cov-
24 erage, including private insurance, health care sav-
25 ings accounts, and other publicly funded programs

1 (such as Medicare, Medicaid, health programs oper-
2 ated by the Department of Veterans Affairs or the
3 Department of Defense, the State children's health
4 insurance program, and any private or governmental
5 prescription assistance programs).

6 “(6) Conducting ongoing outreach to health dis-
7 parity populations, including the uninsured, rural
8 populations, and other medically underserved popu-
9 lations, in addition to assisting other individuals who
10 are at risk for or who have cancer or other chronic
11 diseases to seek preventative care.

12 “(c) PROHIBITIONS.—

13 “(1) REFERRAL FEES.—The Secretary shall re-
14 quire each recipient of a grant under this section to
15 prohibit any patient navigator providing services
16 under the grant from accepting any referral fee,
17 kickback, or other thing of value in return for refer-
18 ring an individual to a particular health care pro-
19 vider.

20 “(2) LEGAL FEES AND COSTS.—The Secretary
21 shall prohibit the use of any grant funds received
22 under this section to pay any fees or costs resulting
23 from any litigation, arbitration, mediation, or other
24 proceeding to resolve a legal dispute.

25 “(d) GRANT PERIOD.—

1 “(1) IN GENERAL.—Subject to paragraphs (2)
2 and (3), the Secretary may award grants under this
3 section for periods of not more than 3 years.

4 “(2) EXTENSIONS.—Subject to paragraph (3),
5 the Secretary may extend the period of a grant
6 under this section. Each such extension shall be for
7 a period of not more than 1 year.

8 “(3) LIMITATIONS ON GRANT PERIOD.—In car-
9 rying out this section, the Secretary—

10 “(A) shall ensure that the total period of
11 a grant does not exceed 4 years; and

12 “(B) may not authorize any grant period
13 ending after September 30, 2010.

14 “(e) APPLICATION.—

15 “(1) IN GENERAL.—To seek a grant under this
16 section, an eligible entity shall submit an application
17 to the Secretary in such form, in such manner, and
18 containing such information as the Secretary may
19 require.

20 “(2) CONTENTS.—At a minimum, the Secretary
21 shall require each such application to outline how
22 the eligible entity will establish baseline measures
23 and benchmarks that meet the Secretary’s require-
24 ments to evaluate program outcomes.

1 “(f) UNIFORM BASELINE MEASURES.—The Sec-
2 retary shall establish uniform baseline measures in order
3 to properly evaluate the impact of the demonstration
4 projects under this section.

5 “(g) PREFERENCE.—In making grants under this
6 section, the Secretary shall give preference to eligible enti-
7 ties that demonstrate in their applications plans to utilize
8 patient navigator services to overcome significant barriers
9 in order to improve health care outcomes in their respec-
10 tive communities.

11 “(h) DUPLICATION OF SERVICES.—An eligible entity
12 that is receiving Federal funds for activities described in
13 subsection (b) on the date on which the entity submits
14 an application under subsection (e), may not receive a
15 grant under this section unless the entity can demonstrate
16 that amounts received under the grant will be utilized to
17 expand services or provide new services to individuals who
18 would not otherwise be served.

19 “(i) COORDINATION WITH OTHER PROGRAMS.—The
20 Secretary shall ensure coordination of the demonstration
21 grant program under this section with existing authorized
22 programs in order to facilitate access to high-quality
23 health care services.

24 “(j) STUDY; REPORTS.—

1 “(1) FINAL REPORT BY SECRETARY.—Not later
2 than 6 months after the completion of the dem-
3 onstration grant program under this section, the
4 Secretary shall conduct a study of the results of the
5 program and submit to the Congress a report on
6 such results that includes the following:

7 “(A) An evaluation of the program out-
8 comes, including—

9 “(i) quantitative analysis of baseline
10 and benchmark measures; and

11 “(ii) aggregate information about the
12 patients served and program activities.

13 “(B) Recommendations on whether patient
14 navigator programs could be used to improve
15 patient outcomes in other public health areas.

16 “(2) REPORTS BY SECRETARY.—The Secretary
17 may provide interim reports to the Congress on the
18 demonstration grant program under this section at
19 such intervals as the Secretary determines to be ap-
20 propriate.

21 “(3) INTERIM REPORTS BY GRANTEES.—The
22 Secretary may require grant recipients under this
23 section to submit interim and final reports on grant
24 program outcomes.

1 “(k) RULE OF CONSTRUCTION.—This section shall
 2 not be construed to authorize funding for the delivery of
 3 health care services (other than the patient navigator du-
 4 ties listed in subsection (b)).

5 “(l) DEFINITIONS.—In this section:

6 “(1) The term ‘eligible entity’ means a public
 7 or nonprofit private health center (including a Fed-
 8 erally qualified health center (as that term is defined
 9 in section 1861(aa)(4) of the Social Security Act)),
 10 a health facility operated by or pursuant to a con-
 11 tract with the Indian Health Service, a hospital, a
 12 cancer center, a rural health clinic, an academic
 13 health center, or a nonprofit entity that enters into
 14 a partnership or coordinates referrals with such a
 15 center, clinic, facility, or hospital to provide patient
 16 navigator services.

17 “(2) The term ‘health disparity population’
 18 means a population that, as determined by the Sec-
 19 retary, has a significant disparity in the overall rate
 20 of disease incidence, prevalence, morbidity, mor-
 21 tality, or survival rates as compared to the health
 22 status of the general population.

23 “(3) The term ‘patient navigator’ means an in-
 24 dividual who has completed a training program ap-

1 proved by the Secretary to perform the duties listed
2 in subsection (b).

3 “(m) AUTHORIZATION OF APPROPRIATIONS.—

4 “(1) IN GENERAL.—To carry out this section,
5 there are authorized to be appropriated \$2,000,000
6 for fiscal year 2006, \$5,000,000 for fiscal year
7 2007, \$8,000,000 for fiscal year 2008, \$6,500,000
8 for fiscal year 2009, and \$3,500,000 for fiscal year
9 2010.

10 “(2) AVAILABILITY.—The amounts appro-
11 priated pursuant to paragraph (1) shall remain
12 available for obligation through the end of fiscal year
13 2010.”.

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